



2157
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| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | Application Number | 09/915,096 |
|--|--|------------------------|---------------|
| | | Filing Date | July 25, 2001 |
| | | First Named Inventor | Lily C. Li |
| | | Group Art Unit | 2157 |
| | | Examiner Name | Avi M. Gold |
| <input type="checkbox"/> Sent via Express Mail Label No.: | | Attorney Docket Number | 302375.02 |

| ENCLOSURES (check all that apply) | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance Communication to TC |
| <input checked="" type="checkbox"/> Amendment / Reply (22 Pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Drawing(s) (sheets) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed (pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (pages) | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A (pages) | <input type="checkbox"/> Petition | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5 | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Application Data Sheet |
| CERTIFICATE OF MAILING OR TRANSMISSION (Under 37 CFR § 1.8(a)) I hereby certify that this correspondence is being: <input checked="" type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or <input type="checkbox"/> transmitted by facsimile on the date shown below to the USPTO at (703) _____ 06-24-05 Date Signature: <u>Sherry Smith</u> Printed Name: <u>Sherry Smith</u> | <input checked="" type="checkbox"/> General Power of Attorney (SB80) <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Copy of this Transmittal Form <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application. | | |

| SIGNATURE OF ATTORNEY OR AGENT | | | |
|--------------------------------|----------------------|---|----------------|
| Signature | <u>David S. Lee</u> | Reg. No. | 38, 222 |
| Name of Attorney or Agent | | David S. Lee | |
| Date | <u>June 24, 2005</u> | Tel. | (425) 703-8092 |
| | | Facsimile No. | (425) 708-5046 |
| Assignee Name: | | MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052 | |
| Customer Number: | | 22971 | |

Effective on 12/08/04
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

JUN 27 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **0.00**

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: **50-0463** Deposit Account Name: **MICROSOFT CORPORATION**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

Total Claims 45 - 45 or HP = 0 **Extra Claims** 0 **Fee (\$)** 50 **Fee Paid (\$)** 0
HP = highest number of total claims paid for, if greater than 20
Indep. Claims 7 - 7 or HP = 0 **Extra Claims** 0 **Fee (\$)** 200 **Fee Paid (\$)** 0
HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims
Fee (\$) 0 **Fee Paid (\$)** 0

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets -100 = 0 **Extra Sheets** / 50 = 0 **Number of each additional 50 or fraction thereof** x 250 = **Fee Paid (\$)** 0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) **Fees Paid (\$)** 0
Other: **Fees Paid (\$)** 0

SUBMITTED BY

| | | | |
|-------------------|---------------------|---|---------------------------------|
| Signature | <i>David S. Lee</i> | Registration No. (Attorney/Agent) 38,222 | Telephone (425) 703-8092 |
| Name (Print/Type) | David S. Lee | Date June 24, 2005 | |